

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N06000005834

**Entity Name:** NEW JERUSALEM MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

1717 18TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1717 18TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 20-4925122      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, DONALD R  
32 - 21ST STREET NORTH  
ST. PETERSBURG, FL 33713      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S,D      ( ) Delete  
Name: EVANS, SR., ROBERT  
Address: 2390 66TH TERRACE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: P,D      ( ) Delete  
Name: ADAMS, TROY SR  
Address: 3894 - 36TH TERRACE SOUTH APT 21C  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T,D      ( ) Delete  
Name: GOFFER, LEROY  
Address: 1619 - 66TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP      ( ) Delete  
Name: SPRADLEY, KENNETH  
Address: 5334 ALHAMBRA WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY ADAMS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P.D.

04/30/2009

\_\_\_\_\_  
Date